

**OFFICE OF THE CIRCUIT CLERK OF BOONE COUNTY**

IF YOU HAVE JUST RETURNED FROM COURT, PLEASE  
COMPLETE THE FOLLOWING INFORMATION:

DATE: \_\_\_\_\_

**CURRENT MAILING ADDRESS:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street/Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**PLEASE READ AND INITIAL:**

\$25 TIME PAYMENT FEE WILL BE ADDED TO ALL CASES NOT PAID IN FULL  
WITHIN 30 DAYS. AFTER 30 DAYS IT WILL BE SUBJECT TO TAX INTERCEPT,  
AFTER 60 DAYS IT WILL BE TURNED OVER TO DEBT COLLECTION, SUBJECT  
TO A 20% ADDITIONAL FEE ADDED TO THE BALANCE DUE.

\_\_\_\_\_  
INITIALS

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**OFFICE USE ONLY**

CHARGE CODE \_\_\_\_\_

CASE # \_\_\_\_\_

FINGERPRINT # (OCN) \_\_\_\_\_

OCN ENTERED: YES NO

CLERK INITIALS: \_\_\_\_\_